

Application or Docket Number

**Effective October 1, 2000**

CLAIMS AS FILED - PART I		
	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	8 minus 3 =	5
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	—
Independent	8	8	—

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐

AMENDMENT 6	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	-
Independent	8	8	-

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐

7-25-05

AMENDMENTS	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	
Independents	0	0	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  
 The Highest Number Previously Paid For (Total or Independent) is the highest number

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
XS 9=		OR	XS 18=	4.00
X40=		OR	X60=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	1110

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 5=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADMIT. FEE		OR	TOTAL ADMIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X59=		OR	X518=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

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